Commonwealth of Massachusetts Human Resources Division (HRD) 2008 Fire Promotional Exams for Chief, Deputy Chief, and District Chief Employment Verification Form

Instructions: The Appointing Authority (or his/her designee) <u>must sign</u> and date this form, certifying the information provided for each promotional applicant is accurate. Attach additional sheets if necessary. The applicant should bring this form, completed with the necessary information and an original signature from the Appointing Authority (or his/her designee) to the exam site on the day of the promotional exam, March 22, 2008. If the applicant chooses to mail the completed form with original signature to HRD, the form must be postmarked no later than 7 calendar days after the exam, or March 29, 2008.

Applicants who are claiming the 25-Year Promotional Preference: This Form will serve as the primary source of verification of an applicant's eligibility for this preference. For this exam series, time worked as a Permanent Reserve/Intermittent Firefighter or a Temporary Firefighter after certification may be applied toward an applicant's eligibility for this preference. Please be thorough in completing this form.

Name of Applicant:	Social Se	curity #: Annc. #:
Verifying Department:	Exam Title	e: Annc. #:
		Title:
I. PROMOTIONS WITHIN DE Rank:		of Promotions and Rank): of Promotion:
III. RESERVE/INTERMITTENT	Γ, TEMPORARY, ACTING THE DEPARTMENT. (Exam	G, PROVISIONAL SERVICE OR ples: Acting Captain, Temporary Deputy Chief, et
Rank:	Total # of Shifts/Hrs:	Dates of Service Timeframe:
(Example: Acting Captain	(Within specified Service Timeframe. If full-time, enter "FT". If part-time, include the word "Shifts" or "Hrs".)	(From – To) 7/12/1999 – 9/1/2001)
List Service From March 22, 2003 Rank:	Total # of Shifts/Hrs: (Within specified Service Timeframe.	/2003 to 03/22/2008). Dates of Service Timeframe: (From – To)
(Example: Temp Deputy C	If full-time, enter "FT". If part-time, include the word "Shifts" or "Hrs".) hief FT	12/1/2007-03/22/2008)
Print Name of Appointing Author Signature of Appointing Authorit	Title of Designee:	Date: